

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031987

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1231

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 5 1963

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Springfield

Length of stay in 1b

12 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Burge Protestant Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Polk

c. CITY
OR TOWN

Halfway

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

Rt. 1

(If outside, give location)

Beside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Ray

Middle

William

Last

Sampson

4. DATE
OF DEATH

Month

Day

Year

Aug.

28

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 28 1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Polk County

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

Marion Sampson

13b. MOTHER'S MAIDEN NAME

Mecy Holt

14. NAME OF HUSBAND OR WIFE

Bessie Sampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Bessie Sampson Halfway, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolus

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Benign Prostatic Hyperplasia

6 mos

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to 8-28-63 and last saw him alive on 8-28-63
Death occurred at 4:55 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Regres or title)

William F. Johnson, M.D.

22b. ADDRESS

211 Prof. Bldg. Springfield, Mo.

22c. DATE SIGNED

8-30-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/30/63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

Bolivar,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Paul D. Butler

Bolivar, Mo.

25. DATE RECD. BY LOCAL REG.

9-3-63

26. REGISTRAR'S SIGNATURE

Bessie Medley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED		
1 0397			
2 0840			
3			
4			
5			
6			
7			
8			
9 610X			
10			
11			
12 1-0			
13			

8/28/63

FEB 18 1964

FEB 18 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul D Butler

Licensed Embalmer No.

4471

P. O. Address

Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.